

Section I

Introduction to Summary of Benefits

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Regence MedAdvantage LEOFF 1 Retirees (PPO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Regence MedAdvantage LEOFF 1 Retirees (PPO)** covers and what you pay.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

Things to Know About **Regence MedAdvantage LEOFF 1 Retirees (PPO)**.

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

Covered Medical and Hospital Benefits

Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-888-319-8904.

Things to Know About **Regence MedAdvantage LEOFF 1 Retirees (PPO)**

Hours of Operation

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time.

From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time.

Regence MedAdvantage LEOFF 1 Retirees (PPO)

Phone Numbers and Website

Our Customer Service department can be reached at 1-888-319-8904.

Our website: <http://www.regence.com/medicare>

Who can join?

To join **Regence MedAdvantage LEOFF 1 Retirees (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and be eligible for your employer's retiree plan.

Which doctors, hospitals, and pharmacies can I use?

Regence has a network of doctors, hospitals, pharmacies and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

If you use a Regence MedAdvantage PPO network provider, or a provider who participates in the Blue Medicare Advantage PPO Network Sharing Program, you will receive in-network benefits for covered services. If you live in a state that participates in the Blue Medicare Advantage PPO Network Sharing Program in the United States, but you do not have access to in-network providers due to distance, or if you live in a state that does not participate in the Blue Medicare Advantage PPO Network Sharing program, you will receive in-network benefits for covered services. For questions about your coverage where you live contact Customer Service at 1-888-319-8904.

The Blue Medicare Advantage Network Sharing Program is available in select areas of 35 states and Puerto Rico: Alabama, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Idaho, Indiana, Illinois, Kentucky, Maine, Massachusetts, Michigan, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin. You can search for a participating provider at www.bcbs.com, or download the Blue National Doctor and Hospital Finder Smart phone application at www.bcbs.com/mobile.

If you travel outside the United States, you can leave home without worrying about access to care if you need it (with the exception of prescription drugs). The plan covers urgent care and medical emergencies anywhere in the world.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and *more*.

Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

Our plan members also get *more than what is covered by Original Medicare*. Some of the extra benefits are outlined in this booklet.

Regence MedAdvantage LEOFF 1 Retirees (PPO) covers Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.regence.com/medicare>.

Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you have any questions about this plan’s benefits or costs, please contact Regence BlueShield for details.

Section II – Summary of Benefits

Benefit	Regence MedAdvantage LEOFF 1 Retirees (PPO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
How much is the monthly premium?	Please contact your benefits/trust office for premium rate information.
How much is the deductible?	There is no deductible on this plan.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <p>\$0 for services you receive from in-network providers.</p> <p>\$0 for services you receive from any provider.</p> <p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
<p>Regence BlueShield is a Medicare Advantage Plan with a Medicare contract.</p> <p>Enrollment in Regence BlueShield depends on contract renewal.</p>	
COVERED MEDICAL AND HOSPITAL BENEFITS	
<p>NOTE: SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.</p> <p>SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.</p>	
OUTPATIENT CARE AND SERVICES	
Acupuncture and Other Alternative Therapies	Not covered

Benefit	Regence MedAdvantage LEOFF 1 Retirees (PPO)
Ambulance¹	In-network: You pay nothing Out-of-network: You pay nothing
Chiropractic Care¹	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): In-network: You pay nothing Out-of-network: You pay nothing
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): In-network: You pay nothing Out-of-network: You pay nothing
Diabetes Supplies and Services	Diabetes monitoring supplies: In-network: You pay nothing Out-of-network: You pay nothing Diabetes self-management training: In-network: You pay nothing Out-of-network: You pay nothing Therapeutic shoes or inserts: In-network: You pay nothing Out-of-network: You pay nothing <i>Coverage for diabetes monitoring supplies may be limited to specific manufacturers.</i>
Diagnostic Tests, Lab and Radiology Services, and X-Rays¹	Diagnostic radiology services (such as MRIs, CT scans): In-network: You pay nothing Out-of-network: You pay nothing Diagnostic tests and procedures: In-network: You pay nothing Out-of-network: You pay nothing

Section II – **Summary of Benefits** (continued)

Benefit	Regence MedAdvantage LEOFF 1 Retirees (PPO)
Diagnostic Tests, Lab and Radiology Services, and X-Rays¹ (cont.)	<p>Lab services:</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p> <p>Outpatient x-rays:</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p>
Doctor's Office Visits	<p>Primary care physician visit:</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p> <p>Specialist visit:</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p>
Durable Medical Equipment (wheelchairs, oxygen, etc.) ¹	<p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p>
Emergency Care	You pay nothing
Foot Care (podiatry services)	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p>

Benefit	Regence MedAdvantage LEOFF 1 Retirees (PPO)
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues:</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p>
Home Health Care¹	<p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p>
Mental Health Care¹	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 “lifetime reserve days.” These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-network:</p> <p>You pay nothing per day for days 1-190</p> <p>Out-of-network:</p> <p>You pay nothing per day for days 1-190</p> <p>Outpatient group therapy visit:</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p> <p>Outpatient individual therapy visit:</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p>
Outpatient Rehabilitation¹	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p>

Section II – **Summary of Benefits** (continued)

Benefit	Regence MedAdvantage LEOFF 1 Retirees (PPO)
Outpatient Rehabilitation¹ (cont.)	Occupational therapy visit: In-network: You pay nothing Out-of-network: You pay nothing Physical therapy and speech and language therapy visit: In-network: You pay nothing Out-of-network: You pay nothing
Outpatient Substance Abuse¹	Group therapy visit: In-network: You pay nothing Out-of-network: You pay nothing Individual therapy visit: In-network: You pay nothing Out-of-network: You pay nothing
Outpatient Surgery¹	Ambulatory surgical center: In-network: You pay nothing Out-of-network: You pay nothing Outpatient hospital: In-network: You pay nothing Out-of-network: You pay nothing
Over-the-Counter Items	Not Covered
Prosthetic Devices <i>(braces, artificial limbs, etc.)¹</i>	Prosthetic devices: In-network: You pay nothing Out-of-network: You pay nothing

Benefit	Regence MedAdvantage LEOFF 1 Retirees (PPO)
Prosthetic Devices <i>(braces, artificial limbs, etc.)</i> ¹ (cont.)	Related medical supplies: In-network: You pay nothing Out-of-network: You pay nothing
Renal Dialysis	In-network: You pay nothing Out-of-network: You pay nothing
Transportation	Not covered
Urgent Care	You pay nothing
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): In-network: You pay nothing, depending on the service Out-of-network: You pay nothing Routine eye exam (for up to 1 every year): In-network: \$40 copay Out-of-network: \$40 copay Contact lenses: In-network: You pay nothing Out-of-network: You pay nothing Eyeglasses (frames and lenses): In-network: You pay nothing Out-of-network: You pay nothing Eyeglass frames: In-network: You pay nothing Out-of-network: You pay nothing Eyeglass lenses: In-network: You pay nothing Out-of-network: You pay nothing

Section II – **Summary of Benefits** (continued)

Benefit	Regence MedAdvantage LEOFF 1 Retirees (PPO)
Vision Services (cont.)	<p>Eyeglasses or contact lenses after cataract surgery:</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p> <p>Our plan pays up to \$100 every year for eyewear from any provider. <i>You are responsible for amounts above the benefit limit.</i> <i>Reimbursement for out-of-network routine eye exams may be limited.</i></p>
Preventive Care	<p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> Abdominal aortic aneurysm screening Alcohol misuse counseling Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screenings Cervical and vaginal cancer screening Colonoscopy Colorectal cancer screenings Depression screening Diabetes screenings Fecal occult blood test Flexible sigmoidoscopy HIV screening Medical nutrition therapy services Obesity screening and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screening and counseling

Benefit	Regence MedAdvantage LEOFF 1 Retirees (PPO)
Preventive Care	<p>Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</p> <p>Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</p> <p>“Welcome to Medicare” preventive visit (one-time)</p> <p>Yearly “Wellness” visit</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Hospice	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.</p>
INPATIENT CARE	
Inpatient Hospital Care¹	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p>
Inpatient Mental Health Care	<p>For inpatient mental health care, see the “Mental Health Care” section of this booklet.</p>
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in an SNF.</p> <p>In-network: You pay nothing per day for days 1 through 100</p> <p>Out-of-network: You pay nothing per day for days 1 through 100</p>
PRESCRIPTION DRUG BENEFITS	
How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹:</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p> <p>Other Part B drugs¹:</p> <p>In-network: You pay nothing</p> <p>Out-of-network: You pay nothing</p>

Section II – **Summary of Benefits** (continued)

Benefit	Regence MedAdvantage LEOFF 1 Retirees (PPO)		
Initial Coverage	<p>You pay the following until your total yearly drug costs reach \$2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>		
	Standard Retail Cost-Sharing		
	Tier	One-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
	Tier 2 (Non-Preferred Generic)	\$0 copay	\$0 copay
	Tier 3 (Preferred Brand)	\$0 copay	\$0 copay
	Tier 4 (Non-Preferred Brand)	\$0 copay	\$0 copay
	Tier 5 (Specialty Tier)	\$0 copay	Not Offered
	Standard Mail Order Cost-Sharing		
	Tier	One-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
	Tier 2 (Non-Preferred Generic)	\$0 copay	\$0 copay
	Tier 3 (Preferred Brand)	\$0 copay	\$0 copay
	Tier 4 (Non-Preferred Brand)	\$0 copay	\$0 copay
	Tier 5 (Specialty Tier)	\$0 copay	Not Offered
	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>		

Benefit	Regence MedAdvantage LEOFF 1 Retirees (PPO)
Coverage Gap	The Coverage Gap does not apply to the Regence MedAdvantage LEOFF 1 Retirees (PPO) plan.
Catastrophic Coverage	The Catastrophic Coverage Stage does not apply to the Regence MedAdvantage LEOFF 1 Retirees (PPO) plan.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-319-8904. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-319-8904. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-319-8904 我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-319-8904。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-319-8904. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-319-8904. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-319-8904 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-888-319-8904. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-319-8904번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-319-8904. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى بمساعدتك. هذه خدمة مجانية الاتصال بنا على 1-888-319-8904. سيقوم شخص ما يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया परराप करने के लिए, बस हमें 1-888-319-8904 पर फोन करें। कोई विय्यक जो हिन बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-319-8904. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-319-8904. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-319-8904. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-319-8904. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-319-8904にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

